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Atty. Dkt. No. 032931/0218

TECH CENTER 1600/2900

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Alain CADIEUX

Title: USE OF CALCITONIN GENE-RELATED PEPTIDE IN THE PREVENTION AND ALLEVIATION OF ASTHMA AND RELATED BRONCHOSPASTIC PULMONARY DISEASE

Appl. No.: 09/475,072

Filing Date: December 30, 1999

Examiner: Karen Clemens, Ph.D.

Art Unit: 1644

AMENDMENT TRANSMITTALAssistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment A in the above-identified application.

- ☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	26	—	20	=	6	x	\$18.00	=	\$108.00
Independents:	2	—	3	=		x	\$80.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$270.00	=	\$0.00
CLAIMS FEE TOTAL:									\$108.00

- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of one month checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$110.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
EXTENSION FEE TOTAL:			\$110.00
CLAIMS AND EXTENSION FEE TOTAL:			\$218.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$109.00
TOTAL FEE:			\$109.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$ . A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$109.00 is enclosed (\$55.00 for One-Month Extension of Time and \$54.00 for six additional claims).
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 4, 2000

By 

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